FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P93000080266 (8) DOCUMENT #
1. Corporation Name

GRAHAM RENTALS OF SOUTH FLORI	DA INC

Principal Place of Business Mailing Address 3400 14TH STREET WEST BRADENTON FL 34205 BRADENTON FL 34205											
							3. Date incorporated or Qualified 11/19/1993		te of Last I		
	ace of Business	•	failing Address				4. FEI Number 65-0451718		ŤĹ	Applied For	
Suite. Apt. +	#, etc.	26 S	Suite, Apt. #, etc.					\$8.7	Not Applicable 5 Additional		
22		27	L			5. Certificate of Status Desired		Fee	Required		
City & State	;	28	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees	
Zφ	Country		ıb	Cc	untry	····	8. This corporation has liability for	intangible i			
24	25	29	~ . <u>-</u>	30				□ No			
	9. Name and Address of Curren	t Register	red Agent		-		10. Name and Address of New F	egistered	Agent		
ODALIA	NA SAMILIANA E ID				81	Name					
	m, william e Jr. Ith street west				82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)			
	NTON FL 34205				83						
5.4.52.								· · ·			
					84	City		FI	85 2	Zip Code	
signature .	n, and accept the obligations of, Secti Structure type for printed hand of regetized speci-	and fide if appl	05, Florida Statutes	ft. Register	ed Ag en		ard of directors. I hereby accept the appropriate of the appropriate o	DATE		***************************************	
. 12. Tru	OFFICERS AND	DDIRECTO	DRS DELETE	13			ADDITIONS/CHANGES TO OFF				
NaMi	GRAHAM, WILLIAM E JR.				TITLE NAME				☐ Change	Addition	
STREET ADDRESS	3400 14TH STREET WEST					ADDRESS					
0.1Y+ST+7⊮	BRADENTON FL 34205				CITY - S						
FILE	D		☐ DELETE		TITLE				☐ Change	☐ Addition	
NAME:	VERNER, JOHN V JR.			22	NAME						
STREET ADDRESS	P.O. DRAWER HH (N/A)			23	STREET	ADDRESS					
COLY ST-ZAP	PLANT CITY FL 33564		DELETE		CITY-S	T-ZIP					
NAME	VERNER, EDWARD M		L DELETE		TITLE NAME				☐ Change	Addition	
SINSELL ADDRESS	P.O. BOX 1118 (N/A)					ADDRESS					
CDY-SI-2IP	PLANT CITY FL 33564				CITY-S						
TITLE			DELETE		TITLE				Change	☐ Addition	
NAMÉ				42	NAME						
STREET ADDRESS				43	STREET	ADDRESS					
CITY: ST-ZIF			TI DELETE		CITY-S	I - ZIP			- C	F-4 4 1 100	
TITLE NAME			DELETE		THILE				☐ Change	☐ Addition	
STREET ADDRESS					NAME	ADDRESS					
Chty-St-Ziff					DITY-S						
101.F			DELETE		TITLE	. 41			Change	☐ Addition	
NAME					NAME						
STHEET ADDRESS				1		ADDRESS					
OITY+ST-ZIP				64	CITY - \$1	r - Z IP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the comporation or the faceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE OBJECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR HUL-G. NTED NAME OF PANING OFFICER OR DIRECTOR

941-747-5711 Daytime Phone #